



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
99 Chauncy St., 11th Floor
Boston, MA 02111

CHARLES D. BAKER
Governor

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Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

CIRCULAR LETTER: DHCQ-18-3-678

TO: Acute Care Hospital Chief Executive Officers

FROM: Elizabeth Chen, Interim Director, Bureau of Health Care Safety and Quality

RE: Submission of Trauma Data

DATE: March 8, 2018

A handwritten signature in blue ink, appearing to read "Elizabeth Chen".

Please note that this circular letter replaces the version dated April 20, 2016; DHCQ 16-04-660

The purpose of this memo is to provide updated guidance to all hospitals that offer emergency services and are required to submit data to the State Trauma Registry system for patients who receive medical care for traumatic injuries within Massachusetts hospitals. The guidance is consistent with other reporting years apart from two changes described on page 2.

On March 12, 2004, the Department of Public Health (the Department) promulgated hospital licensure regulations for the provision of trauma data (105 CMR 130.850 - .854) to the Center for Health Information and Analysis (CHIA) (formerly the Division of Health Care Finance and Policy) by hospitals providing trauma care.

As required by 105 CMR 130.851 (C): a hospital providing trauma services as a designated trauma center must provide:

to the Center for Health Information Analysis (CHIA) the designated trauma center data set specified in Department guidelines,

As required by 105 CMR 130.852 (A), a hospital that is not a designated trauma center may be licensed to provide Emergency Services only if the hospital provides to CHIA the trauma service hospital data set to be specified in 105 CMR 130.851(C).

The Department has completed the development of the trauma data requirements for the system upgrades to be used by hospitals for 2017 and 2018 data submission to the State Trauma Registry. The trauma data submission period will begin on May 1, 2018 for all 2017 (10/1/2016 – 9/30/2017) submissions and for 2018 Quarter 1 (10/1/2017 – 12/31/2017) submissions. The primary submission time period will run from May 1, 2018 until June 14, 2018; submissions may be accepted after this time but every effort should be made to submit during this time period.

2017 and 2018 Reporting Guidance

In order to align with the 2017 and 2018 data submission requirements for the National Trauma Data Bank, the Department has removed the alcohol use and drug use indicator variables from the previous requirements and replaced them with the alcohol and drug screen variables. These changes are highlighted in the “Data Elements to Be Reported to the Department Table” on page 3.

Apart from the changes to these specific variables, the guidance outlined below is consistent with the previous data submission requirements.

Trauma Patient

A Trauma Patient is defined as a patient sustaining a traumatic injury and meeting the following criteria as a principal or primary diagnosis:

International Classification of Diseases, 10th Edition-Clinical Modification (ICD-10-CM):

- S00 – S99 with 7th character modifiers of A, B, or C only (injuries to specific body parts – initial encounter)
- T07 (Unspecified multiple injuries)
- T14 (Injury of unspecified body region)
- T20 – T28 with 7th character modifier of A only (Burns by specific body parts – initial encounter)
- T30 – T32 (Burn by TBSA percentages)
- T79.A1 – T79.A19 (upper extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)
- T79.A2 - T79.A29 (lower extremity) with 7th character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)
- T75.1 with 7th character modifiers of A only (Unspecified effects of drowning and nonfatal submersion – initial encounter)
- T71 with 7th character modifiers of A only (Asphyxiation / strangulation – initial encounter)

Exclude the following isolated injuries from submissions:

- S00 (Superficial injuries of the head)
- S10 (Superficial injuries of the neck)
- S20 (Superficial injuries of the thorax)
- S30 (Superficial injuries of the abdomen, pelvis, lower back, and external genitals)

- S40 (Superficial injuries of the shoulder and upper arm)
- S50 (Superficial injuries of the elbow and forearm)
- S60 (Superficial injuries of the wrist, hand, and fingers)
- S70 (Superficial injuries of the hip and thigh)
- S80 (Superficial injuries of the knee and lower leg)
- S90 (Superficial injuries of the ankle, foot, and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7th digit modifier code of D through S, are also excluded.

AND

Patient Admission Definition:

- Hospital inpatient admission; **OR**
- Observation stay admission; **OR**
- Transfer patient via EMS transport (including air ambulance) from one hospital to another hospital (includes inpatient or observation or emergency department); **OR**
- Death (independent of hospital admission source or hospital transfer status)

Note: When coding out all the variable fields, use the best code to describe the direct injury or the information surrounding how the injury occurred. Avoid using non-specified codes unless there is no other code that is better suited for the field after reviewing all the necessary documentation around the injury.

Data Elements To Be Reported to the Department

The following table shows the required data elements that designated trauma centers and non-trauma centers must report to the Department.

Data Elements Collected Pursuant to Circular Letter DHCQ 18-3-678 (update with new circular letter number)			
<u>Field Name</u>	<u>(R)equired (C)onditionally Required</u>	<u>Non-Trauma Centers</u>	<u>Trauma Centers</u>
FilingOrgId	R	X	X
SiteOrgID	R	X	X
Inter-Facility Transfer	R	X	X
SiteOrgID of Transferring Hospital	C	X	X
EMS Unit Departure Time from Scene and Transferring Hospital	R	X	X
ED/Hospital Admission Date	R	X	X
ED/Hospital Admission Time	R	X	X
Medical Record Number	R	X	X

Social Security Number	R	X	X
Date of Birth	R	X	X
Gender	R	X	X
Patient's Home Street Address	R	X	X
Patient's Home City	R	X	X
Patient's Home Zip/Postal Code	R	X	X
Injury Incident Date	R	X	X
Injury Incident Time	R	X	X
Work-related	R	X	X
Incident City	R	X	X
Incident State	R	X	X
Transport Mode	R	X	X
Alcohol Use Indicator	Retire Oct 2016		X
Drug Use Indicator	Retire Oct 2016		X
Drug Screen 1 - 5	New Oct 2016	X	X
Alcohol Screen	New Oct 2016	X	X
Alcohol Screen Results	New Oct 2016	X	X
ICD-10-CM Primary External Cause code	R	X	X
ICD-10-CM Location External Cause Code	R	X	X
Initial ED/Hospital Glasgow Eye Component in ED	C		X
Initial ED/Hospital Glasgow Verbal Component in ED	C		X
Initial ED/Hospital Glasgow Motor Component in ED	C		X
Glasgow Coma Score Total in the ED	C		X
Glasgow Coma Score Assessment Qualifier in the ED	C		X
Respiration Rate	R	X	X
Systolic Blood Pressure	R	X	X
Pulse Rate	R	X	X
ICD-10-CM Diagnosis Code	R	X	X
AIS (numerical identifier for predot code and severity code)	R		X
AIS Version	R		X
Protective Devices	R		X
Child Specific restraint	C		X
Airbag Deployment	C		X
Co-Morbid Conditions	R		X
Complications	R		X
Patient's Home Country	C	X	X
Patient's Home County	C	X	X
Alternate Home Residence	R	X	X

Age	R	X	X
Age Units	R	X	X
Race	R	X	X
Ethnicity	R	X	X
Patient's Occupational Industry	C		X
Patient's Occupation	C	X	X
ICD-10-CM Additional External Cause Code	R		X
Incident Location Zip/Postal Code	R	X	X
Incident Country	R		X
Incident County	R		X
Report of Physical Abuse	R	X	X
Investigation of Physical Abuse	C		X
Caregiver at Discharge	C		X
EMS Dispatch Date	R	X	X
EMS Dispatch Time	R	X	X
EMS Unit Arrival Date at Scene or Transferring Facility	R	X	X
EMS Unit Arrival Time at Scene or Transferring Facility	R	X	X
EMS Unit Departure Date from Scene or Transferring Facility	R	X	X
Other Transport Mode	R		X
Initial Field Systolic Blood Pressure	R		X
Initial Field Pulse Rate	R		X
Initial Field Respiratory Rate	R		X
Initial Field Oxygen Saturation	R		X
Initial Field GCS - Eye	R		X
Initial Field GCS - Verbal	R		X
Initial Field GCS - Motor	R		X
Initial Field GCS - Total	R		X
Trauma Center Criteria	R		X
Vehicular, Pedestrian, Other Risk Injury	R		X
Pre-Hospital Cardiac Arrest	R	X	X
Initial ED/Hospital Temperature	R		X
Initial ED/Hospital Respiratory Assistance	R		X
Initial ED/Hospital Oxygen Saturation	R		X
Initial ED/Hospital Supplemental Oxygen	R		X
Initial ED/Hospital Height	R		X
Initial ED/Hospital Weight	R		X
ED Discharge Disposition	R	X	X
Signs of Life	R		X

ED Discharge Date	R	X	X
ED Discharge Time	R	X	X
ICD-10-CM Hospital Procedures	R		X
Hospital Procedure Start Date	R		X
Hospital Procedure Start Time	R		X
Total ICU Length of Stay	R		X
Total Ventilator Days	R		X
Hospital Discharge Date	R	X	X
Hospital Discharge Time	C		X
Hospital Discharge Disposition	R	X	X
Primary Method of Payment	R	X	X
Hospital Complications	R		X
DPH Facility Identification Numbers	R	X	X
Service Level	R		X

How to Submit Data

The specifications for how hospitals submit trauma data, including full file layout information, file components, edit specifications, and future technical specifications, may be found under the State Trauma System heading at:

<https://www.mass.gov/service-details/state-trauma-registry-data-submission>

Note: Hospitals with affiliations may share resources for abstraction and submission of the trauma registry data into the Department. The hospitals need to make sure the hospital filing number (FilingOrgId) represents the hospital that is submitting the data to the trauma registry and the hospital submitting number (SiteOrgId) represents the hospital where the patient received care.

If the hospital with affiliations operates under one license, then the hospital should submit the trauma cases under the appropriate hospital submitting number that is designated for the campus that received the trauma case.

Hospitals must contact the state trauma registry when there are any changes in trauma registry personnel, email addresses, or changes in designation. The contact information needed is as follows: the name of the trauma registry contact(s), phone number(s), email address(es) and title(s). Please submit updated contact information to Bertina.Backus@state.ma.us.

Hospitals are required to submit trauma data quarterly. After the end of the first submission deadline on **June 14, 2018**, trauma data submissions are due according to the following schedule:

Quarter	Quarter Begin & End Dates	Due Date for Data File: 75 days following the end of the reporting period*
1	10/1 – 12/31/17	3/16/18
2	1/1 – 3/31/18	6/14/18
3	4/1 – 6/30/18	9/13/18
4	7/1 – 9/30/18	12/14/18

* All dates are approximate and subject to change by the Department.

The Department may, at its discretion, and for good cause, grant an extension in time to a hospital submitting trauma data.

If the Department notifies a hospital that it is required to resubmit data because the submission was rejected or as part of a data verification process, the hospital must submit its data no later than 30 days following the date of the notice to resubmit.

If the data is resubmitted after 60 days, the hospital must notify the trauma registry in order to unlock the flag field, signifying which submission file was most recently received.

For questions regarding the Trauma registry, please contact Bertina Backus, at 617-753-8013, or Bertina.Backus@state.ma.us.